THE

MEDICAL AND SURGICAL REPORTER.

No. 996.] PHILADELPHIA, APRIL 1, 1876. [Vol. XXXIV.—No. 14.

Original Department.

Communications.

SYSTEMIC INFECTION FROM PURULENT VAGINAL DISCHARGES.

BY E. T. EASLEY, A.M., M.D.,
Of Little Rock, Ark.

The probability of septicæmia supervening on a profuse and persistent leucorrhœa has not, perhaps, received the notice which it deserves. Most systematic writers have failed to recognize it as a possibility, those who have mentioned it extending only the frigid courtesy of a passing word. In the last edition of Barnes' classical book the subject is thus briefly dismissed: "Another question has been started: can the secretions classed as leucorrhœa be absorbed and give rise to constitutional toxæmia? I content myself with citing the question. There is, however, evidence to show that such poisons as lead, carbolic acid, and chromic acid, used to vaginal surfaces bared of epithelium, may be absorbed, and produce their specific toxical effects on the system." He might have added that this evidence is quite abundant, for that remedies so applied act by osmosis has become a fact of large experience. Marion Sims declares, and I have, myself, had a similar observation, that patients often complain of the taste of tannin a few minutes after its application, and under such circumstances as to preclude the imagination as a factor in the phenomena. Let us examine the matter a little more closely. The general propositions of importance in the inquiry relate to the vaginal as well as other mucous surfaces. First, endosmosis does not depend on an attraction between the liquids, but upon the attraction of the membrane for the two liquids, and its current in mucous membranes is found, in accordance with their physiological action, to be from the exterior to the interior. The more minute and extensive the vascular supply of a membrane, the larger, of course, will be the endosmotic surface presented. Second, The transudation, in facility and rapidity, bears an inverse ratio to the thickness of the epithelia. Third, The fuller and more tense the vessels of a part are, the more difficult will be the process of absorption; the tension may be so great as to preclude entirely the introduction of fluids; and conversely, a rapid movement in the capillary blood, with diminished tension of the vessels, greatly favors the reception into the circulation of matters fit for absorption. It was discovered by Magendie that when he had thrown a quantity of water into the veins of a dog, absorption of poison took place very slowly, while, on bleeding the animal, there was very soon proof of its systemic effects. What we should *a priori* believe, that the capillary blood-vessels of mucous membranes, as of the stomach, intestines, and vagina, are capable of absorbing largely alimentary and other substances, has been shown by a great number and variety of experiments. These facts are suggestive of systemic implication from morbid fluids bathing the vaginal walls, and will be more so as we proceed. Without undertaking any discussion of the minute structure of the parts, there are some anatomical considerations of importance. The lymphatics of the vagina, joining those of the cervix uteri, pass into the

internal iliac and sacral glands; histologists declare that they are much enlarged during pregnancy, and never subside afterward to their dimensions in the virgin state, conforming to the changes which occur in contiguous structures. The chief arterial supply of the organ is derived from the vaginal, a branch of the internal iliac, while branches from the vesical and uterine are also distributed to it. The veins, exceedingly numerous on the mucous membrane, empty themselves into the rich plexuses which everywhere surround it. The nerves derived from the hypogastric plexus are abundantly supplied to the viscus. It may thus be seen at a glance that the vagina is among the most highly organized structures in the human economy, its vascular, lymphatic, and nervous connections being in immediate relation with those of the other pelvic viscera, and so intimate as to indicate a wide range of sympathies. Reflections of this sort point obviously to the liability of the entrance of extraneous matters from the vaginal walls into the circulation, a probability largely suggested by a study of the general laws governing absorption, and the physiological relations of the parts. Now this danger, it is plain, must become enormously increased in unhealthy conditions, on account of the altered character of the secreting surface, as well as the ichorous or decomposed nature of the discharges themselves. The lesions of the vagina are of several varieties and degrees, from slight inflammation of the mucous crypts to extensive desquamation of the epithelium, or deep and destructive ulceration. While ulceration may exist without a leucorrhœa, and while it is true that all ulcerations do not discharge pus, it is not possible to conceive of a pus producing mucous membrane with intact epithelium. Hence, it may be safely said that a vaginitis attended with profuse yellow leucorrhœa is certainly evidence of more or less extensive abrasion of the mucous epithelia of the genital canal. It has already been mentioned as one of the laws of absorption, that the current of endosmose, in the facility of its passage, sustains an inverse relation to the thickness of the investing epithelium, and where this covering is, in a great measure, absent, there can be no question of the readiness with which putrid or broken down products may be taken up. If we are offered the objection that normal granulations do not absorb inflammatory matters, we answer that those found on the vagina and cervix are manifestly poor examples of such granulations, and at times, perhaps oftener than otherwise, they are notoriously unhealthy. We have here, then, exposed to the processes of absorption a large abraded surface, bathed in pathological fluids, a relaxed condition of the vessels, a degraded state of the blood, with deranged habit of constitution, as predisposing and exciting causes of septic infection. That leucorrhœas, whether uterine or vaginal, are apt, when long continued and large in quality, to become thin, foul, ichorous or sanious, is a fact with which all are familiar. They are subject to the retrograde changes—changes of disintegration and putrescence—observed of purulent collections in other localities, and are frequently so irritating as to excoriate the parts of the external genitalia or thighs with which they may come in contact. That toxæmia from the humors of malignant growths in this locality is almost sure to occur, is a proposition that none will deny. Pessaries have been found embedded in the vaginal walls, where, from pressure and irritation, they have given origin to very grave symptoms, even to paralysis, their removal being attended by a sanious and highly offensive discharge. It was argued before a learned society, recently, that in the absence of septicæmia these facts were somewhat conclusive as to the improbability of blood-poisoning from the absorption of morbid materials in this structure. Now, the truth is, that these cases, made the most of, have only a negative value. Again, it is not, probably, quite certain that a system so thoroughly sympathizing in other respects, was not also suffering, to some extent, from blood-poisoning. The symptoms of the trouble are sometimes quite obscure or equivocal. Clinically, we know, too, that the causes of septicæmia do not act uniformly nor invariably. It has been known to supervene upon causes apparently the most inadequate; and, on the other hand, it has failed to complicate foul wounds, in the highest degree favorable to its development. The writer has just treated an amputation in which repair was so defective, and the discharge so thin and putrid, as to excite grave apprehensions, and yet there did not occur a single symptom of the formidable malady. It does not accord well with the facts or reasoning in the matter, to assign such potential agency to ichorous products in other localities, and to dispute their influence here.

The existence of a gonorrhœal rheumatism has been denied by some American authors, who, in a large experience, think they have failed to encounter the disease. But the fact that gonarthritis, as well as inflammation of other joints, has been observed so often in connection with purulent discharges from the genital passages, renders the theory of its being merely a coincidence very improbable. The trouble, it is held, is only one of the protean manifestations of septicæmia, the absorption of pathological products constituting its most essential factor. The blood crasis, seldom profound, usually yields earlier, but has been known to go on to suppurative synovitis; and, whether the termination be mild or grave, the evidence is often satisfactory enough as to the real character of the disease. A typical and instructive case of this kind was lately (February 5th) reported in this journal, from the clinic of Dr. Hutchinson, at the Pennsylvania Hospital. The symptoms, and the deductions from them, in this instance appear to determine with certainty the diagnosis. The doctor remarks, "It does not seem improbable that gonorrhœa may occasionally be the starting-point of septic poisoning in the female. There are probably various forms of septic poisoning, but it has not been clearly established, to my mind, that the difference between them is one of kind. It seems most likely to be one simply of degree." So manifest is the propriety of the last observation, that there is unquestionably a great range of degree in septic blood-lesions. From a form that may be called fulminant, in which the temperature chart and other urgent indications prognosticate a speedy death, to the malaise, that may almost escape attention, there are, indeed, many degrees to the same general dyscrasia. If the causes of leucorrhœa be more than local, that is to say, constitutional, it must be remembered that the discharge is prone to become foul, and that the very causes of the origin of the malady are also predisposing causes of systemic infection. Something analogous to what we are now insisting upon may be found in the blood vitiation known to follow ulceration of the mucous membrane in protracted dysentery. It appears to be well established that there may be a chronic form of blood-poisoning associated with a typhoid state, a condition in which the patient, lingering for a variable period, may finally overcome the disease, or at last succumb, the vital powers having been gradually undermined. It is also believed that the symptoms of septicæmia, so far from being always easily recognized, are at times very obscure, and that an error in diagnosis may well be made, especially if certain forms of fever are prevalent. In this way the conclusion has been reached that constitutional involvement—literally, septicæmia, from the absorption of offensive vaginal discharges—is a much more frequent event than has been supposed, and that its occurrence may be unsuspected, while the debility and exhaustion are assigned the chief places in the production of the general suffering. In a word, it is proposed that debility is not, in many instances, so much the result of profuse and protracted discharges as of constitutional dyscrasia from their absorption. Several cases have been met which strikingly intimated to my mind the existence of the complication we have been considering.

Last summer, through the kindness of my friend, Dr. Hendricks, an infant was brought to me from the country, with an ophthalmia neonatorum. The case was an extremely aggravated one, and the little sufferer was fortunate enough to recover with vision unimpaired. It was not difficult to connect the condition of the child with a persistent and profuse leucorrhœa in the mother; and when the little one was dismissed, it was understood that the lady was soon to return for treatment herself. Before she was seen again, however, there came an urgent summons to attend her at her home. The lady's condition was that of unmistakable septicæmia, and as graphic an illustration of it as any written description I have ever seen. The prodroma of the disease had been typically insidious. For forty-eight hours before the chill, there had been the marked increase of temperature, irritable pulse, impaired appetite, and deranged secretions. Following these symptoms, there occurred at midnight a violent and protracted rigor, succeeded by excessive reaction, and this in its turn by a diaphoresis so copious as to drench the body and garments. The pain was excruciating, expending itself chiefly on the joints, muscles, and sheaths of the tendons, and attended with great sensitiveness to the touch. The features were shrunken, the mental anxiety and restlessness very great. Combine with this group of symptoms the important one that there was exceedingly rapid emaciation, and there can remain but little room for discussion as to the diagnosis. I am

aware that there are, accurately speaking, probably no pathognomonic signs of septicæmia, and that the correctness of my view of this case may be questioned; but it is urged that the history and symptoms, with the exclusion of any other affection, is its sufficient justification. The history was one of a leucorrhœa, always large, at times almost incredible in quantity, that had existed throughout the entire pregnancy and for months before conception. It is remarkable that the patient suffered but little impairment of general health (being able to accomplish her household duties) from the discharge, until it culminated in the final attack. It cannot be thought singular that the vaginal surface, bathed, saturated so long in pathological discharges, should be much altered in structure and fitted to admit into the circulation the morbid products. It remains to be said, that the treatment was based on the above view of the cause of the disorder, and that the patient recovered.

HISTORY OF AN EPIDEMIC OF DIPHTHERIA.

BY P. J. FARNSWORTH, M. D.,
Of Clinton, Iowa.

Our city is a town of eight thousand inhabitants, of mixed origin, situated on a flat on the west side of the Mississippi river. The ground is from fifteen to twenty feet above the ordinary stage of the river, but only two or four feet above very high water. The soil is alluvium, and clay for three or four feet, resting on a loose and porous magnesian limestone. North of the city is a run of water, filled from the river when it is above the ordinary stage, but for the greater part of the year a dry ravine, through which winds a thread of running water. The rock and soil are highest along the bank of the slough, as it is called, and along the bank of the river. The sewerage, such as it is, is over the surface, and several channels have been cut through the bank of the slough and that of the river. The avenues run west from the river, the streets run at right angles with them, and are numbered from the slough on the north and the river. A system of water-works has been lately completed, but not yet brought into use, generally, for domestic purposes. The water-supply is drawn from wells, dug or drilled into the rock, and is largely charged with lime and magnesia.

The town is new, and the majority of the houses are wooden structures, from two to ten years old, some of them having damp cellars under them, others standing on the surface. The season has been a wet and cool one, and there has been but little prevailing sickness. On the 19th of August I was called to see a child on First avenue, that had well-marked symptoms of diphtheria. It was in an Irish family, consisting of six other children; none of the rest had the disease. On the 31st two fatal cases were reported: one on Second avenue, near Second street; the other, Second avenue and Fifth street. September 4th, a mild case occurred in an Irish family on Second avenue; on the 5th, in an American family on Third avenue; on the 11th a severe case was reported on Second avenue, near Second street; and three cases on the same avenue, near Fifth street. All recovered.

On the 14th of September four physicians reported cases on First avenue and a short street north of it. On that day I was called to see a Mrs. V., aged thirty years, having a babe of eighteen months, which she had not yet weaned. She had also a boy ten years old. They resided in a house on First avenue, on high and dry ground, on a large lot, sixty feet front by two hundred feet deep; the water-supply from a well at some distance from the back door. There is a dry cellar under the house, and no barn or pig-pen on that or the adjoining lots. The privies are at the back part of the lot. Mrs. V. had had a chill and a fever, and had a sore throat. The general symptoms described were those of the onset of malarial fever. The throat, on examination, was red and œdematous; there was considerable swelling of the parotids. It seemed to be an attack of tonsilitis. Made a local application of arg. nit., gr. l, and aqua, ℥j, and gave a five-grain Dover's powder, and ordered five powders containing pul. ipecac. et opii co., gr. iij, and quinia sulph., gr. ij, one to be taken every three hours. Next day, on visiting the patient, found the febrile symptoms had subsided, but the throat symptoms worse, and the throat and fauces covered with a thick white membrane, to such an extent as to render deglutition and respiration difficult. Made a local application of liq. fer. persulph. (Monsel's styptic) to the membranes as far as it could be reached. It did not extend down very far. This solution I have found, from previous experience, has the power of dissolving and removing the membrane without irritation. Continued

the powders, and directed broth and milk-punch for nourishment. The next day the membrane covered the fauces and throat in irregular patches. The fourth day, was called in haste to the patient, on account of a difficulty of respiration; found that the membrane had loosened from the fauces, and fallen down over the opening, shutting it like a valve. Introduced a pair of scoop forceps, caught the edge, and took away from each side pieces of membrane of the size of a square inch, and of the eighth of an inch in thickness. This relieved the breathing. The surface beneath was swollen and inflamed, to which an application was made of a strong solution of arg. nit. On the fifth day of the disease there was little fever, the strength of the patient being well sustained; the parotids continued swollen, and the cervical glands enlarged. The membrane had extended to the epiglottis, and, from the sneezing and discharge of water from the nose, was evidently extending up the nares. The sixth day there was considerable cough, and a total closure of the nasal passages. Local applications were abandoned, except an inhalation of iodine, gr. xv, in an ounce of ether sulph. On the seventh day a long patch of membrane was coughed up from the trachea. The breathing, however, was not much impeded, except that it was entirely through the mouth. Sleep was interrupted, and the patient's strength began to fail, though up to this time she had not kept her bed much of the time. Tr. fer. mur. was given in doses of gtt. x, increased to xxx, every three hours. A wash or gargle of chlorate of potassium was used, afterward changed to solu. soda chlo., for the purpose of relieving the fetor of the breath and as a disinfectant. The night of the eighth day was a restless one, with considerable cough and dyspnœa. In the morning, after a hard paroxysm of coughing, there came up a perfect cast membrane of the trachea, extending from the glottis to the bifurcation of the bronchia, where it seemed to be torn off. Found the patient very much depressed; pulse rapid, but respiration easy, and no râles discoverable in the lungs. On the fifth day the urine was examined, and found to be highly albuminous; it still continued to be so on the eighth. The patient was weak and anæmic, but still able to sit up part of the time. Considerable nourishment and stimuli were taken, and the breathing was easy throughout the day and night. The obstruction of the nares seemed to be removed; but during the night of the ninth day the patient sunk and died.

The babe was removed from the mother, and the second or third day was taken with a severe fever, and came out with a rash, looking like scarlatina, which subsided on the third day, without any throat symptoms. The other child and the husband remained in good health.

A sister of Mrs. V., who resided in Illinois, a hundred miles away, came to the funeral, and remained to take charge of the house. On the 3d of October, ten days after, she was attacked with well-marked diphtheria. It proved a mild case and subsided in three or four days.

August 21, a fatal case was reported in the south part of the city. Several cases occurred in the north part between the 14th of September and the 26th, but no deaths. On the 26th two cases occurred in a German family, two doors east from Mr. V.'s, children of five and seven years of age; both died; afterward another child died in the same family. From the 3d of October until the 25th of December there were thirty-two deaths, out of seventy-five cases. From August 19th until December 25th there had been ninety-eight cases and thirty-eight deaths. Two were adults, the rest children of from two to ten years; one case, however, is reported as of nineteen months. Of the nationality of the cases, the adults were Americans; of the children, the cases occurred in eighteen American families, ten Irish, and the rest among Germans, except one Welsh, one French, and one Danish. Of the deaths, eight were Americans, three Irish, one Welsh, one Danish, and the rest Germans, twenty-five.

I am unable to account for the greater number of cases and deaths among the Germans, as they are not settled together, but among the Irish and Americans, promiscuously. Many of the Germans live in better houses and are more cleanly than their neighbors, especially the Irish, among whom recovery took place from some of the severest cases.

Three or four cases and two deaths occurred in the south part of the city, on Fourteenth avenue; all the rest were on First, Second, and Third avenues, and a street above. The sanitary condition of the town, as regards drainage, is bad everywhere, but no worse than in the parts exempt from the disease.

There was no sequence to the attack of the disease. It made its appearance first at one end, and then at the other, and then in the

centre of an avenue. It generally attacked all the children of the family, but often only one member or child had it. In one family two children had the disease in September; the third was taken with it on New Year's day. In the fatal cases death occurred from the third to the ninth day after the seizures; two or three are reported as having died after recovery, from the prostration or from dropsy.

Paralysis of the muscles of the throat was common, and in some cases there was partial loss of the use of legs and arms, and in a few cases strabismus and weakness of vision. All have, as far as known, recovered from these sequelæ.

In all the fatal cases that came under my observation there was enlargement of the glands of the neck, and albumen in the urine. In the severer cases that recovered there was enlargement of the cervical glands, and, in two instances, albuminuria. The severity of the cases was prognosed by the amount of tumefaction of the parotids and the number of glands enlarged. Six or seven of the deaths occurred, early in the disease, from the extension of the membrane down to or below the glottis, producing croupal symptoms and asphyxia.

The results of treatment show no special advantage for medication in every way recommended in the regular practice, or homœopathically. About every course yet suggested has been tried. In regard to the locality, there is no discernible reason why it should appear in the north part of the city rather than in the south part. The population is more mixed, the ground is lower, and has less drainage in the south, where the disease has not made its appearance. Uninterrupted intercourse has taken place between the two sections.

Two or three cases were reported at the beginning of the year, so that the epidemic is not yet over. Scarlatina attacked the children in one or two families at the west end of Second avenue; except one case, it was of a mild type, with no membrane in the throat. In this family the babe died on the third day after the attack; three weeks afterward two older children died from diphtheria. Only a few cases of scarlatina occurred.

This is the history of the disease in Clinton up to the end of the year. It is said to be prevailing in several inland towns of Iowa.

RESECTION OF A PORTION OF THE LOWER JAW.

BY GEORGE W. HALDEMAN, M. D.,

Of Paola, Kansas.

Through the kindness of my friend, Dr. Carpenter, of New Lancaster, I was permitted to examine a boy, aged about twelve years, residing in a distant part of our county. A history of the case, as given by an uncle of the boy, corroborated by a careful personal inspection, revealed the existence of a large tumor attached to and springing from the right side of the lower jaw. It first appeared after the removal of a decayed tooth, and in a short time the adjacent teeth were loosened and displaced, when the tumor, in a few months, assumed the proportions of a large-sized pullet's egg. When I saw him the tumor was intruding upon the space occupied by the tongue, interfering materially with the processes of mastication and deglutition, and emitting a very offensive discharge.

My diagnosis was that the tumor was of the nature of an aggravated form of epulis, and I announced as my opinion that nothing short of an entire removal of the growth, and the parts from which it sprang, would be of any avail. Accordingly, on the second day of January, 1874, assisted by Drs. Carpenter, Hoover, Johnson, and others, I proceeded to operate. We were satisfied that, to get beyond the diseased mass, I must cut through the jaw in the space occupied by the outer lateral incisor of the left side. Having, therefore, removed all the teeth on the right side and up to the point indicated, and the patient carefully chloroformed by Dr. Hoover, I proceeded to cut through the soft parts, cutting downward from the left corner of the mouth, leaving the lip intact, to the base of the jaw, extending the incision along the same to a point beyond the angle. Turning over the soft parts, having checked the bleeding by the usual means, I severed the jaw at the point already named, with the bone forceps and a Hey's saw; and then dissecting the diseased from the healthy tissues, I divided the jaw at the angle.

The hemorrhage, which was not excessive, was readily controlled with a few ligatures and the application of styptics. This done, the wound, having been properly cleansed, was closed, and the parts held *in situ* by the necessary number of twisted and interrupted sutures,

and the dressing completed with the usual compress and four-tailed bandage.

The patient was left in charge of Dr. Carpenter, to whom we are indebted largely for the results, which are satisfactory to a degree beyond the most sanguine expectations. The boy recovered from the effects of the operation in a very short time. Soon the space occupied by the portion of jaw removed began to fill up with cartilaginous substance, which after a while began to harden and become osseous; and now, after the lapse of only two years, his jaw is, as it was before the operation, bony in all its parts! and the contour of the face preserved, with no marks of the ravages of the saw, forceps, and scalpel, except in the skin.

Believing that the results herein referred to will be viewed with interest by the profession, I venture to give them for what they are worth.

PEDICULOPHOBIA.

Read before the Rhode Island Medical Society, December 15, 1875.

BY JOHN E. PERRY, M. D.,
Of Providence, R. I.

Mr. R. first came to my office in January last. I saw him frequently, and the following is a history of his case:—He is 29 years of age, a factory laborer, strong and robust, neatly and cleanly appearing, and never had any affliction before. Some time ago he had discovered pediculi upon his body, and had been under treatment, but without improvement. He was frequently dwelling upon his malady, and seldom smiled. He was engaged to be married, but had it definitely postponed the nuptial ceremony for fear of communicating the parasitic disorder to his wife. He imagined that the parasites were thickest about the pubes and anus, and experienced a sensation as if they were crawling over his body. I examined him several times, and found his skin smooth and healthy; but I failed, invariably, to find any pediculi. The hallucination that he had the real disorder had such a hold upon him, that even the reality could not have been worse.

> "'Tis folly only, and defect of sense,
> Turns trifles into things of consequence."

I next sought to determine whether the crawling sensation was real or imaginary, in order to know the nature and intensity of the patient's malady, as well as the best treatment. If real, it would be a skin disorder, and come under the class of neuroses of the cutaneous system, whose pathology would be a disorder of the nervous plexus of the skin. Disorders of this kind are pruritus, prurigo, hyperæsthesia, etc., according to the classification of Tilbury Fox.

Was this pruritus? In pruritus the itching is often intense, always a prominent symptom, and compels the patient to scratch; its character is intermittent, its duration variable. This patient did not have to scratch; his "crawling sensation" did not keep him awake, except when he would worry over it; it was not intermittent; it did not appear and disappear suddenly, but his imagination would will it to come and go. As he was mistaken in the presence of insects, he was probably mistaken in the reality of the sensation.

Falsus in uno, falsus in omnibus.

If he would believe there were parasites, when he was assured to the contrary, why wouldn't he be as likely to believe in the crawling and itching? At the same time, he would assert that if he could be convinced there were no pediculi upon him, he would feel all right, which was true, undoubtedly; but the trouble was to convince him.

> "A man convinced against his will
> Is of the same opinion still."

This sensation of crawling did not occur to him when his mind could be fortunately upon some other subject.

Was this prurigo? It is probable that the patient did have lice upon him, and was speedily cured before he came to me; but, according to authorities, pediculi cannot make a case of prurigo upon a healthy skin. The smooth, elastic, sound appearance of the dermoid surface would be inconsistent with that hypothesis. There were no black-pointed papules, and it was far from being an aggravating disorder like prurigo. Therefore, assuming it to be a hallucination, it belongs in the same category with such disorders as syphilophobia and imaginary cardiac lesions; and not having heard of such a case before, I deem it of sufficient interest to present it before this Society.

The treatment was as follows:—As he was positive in his belief, I commenced, before making an examination, with a wash of hydrargyri bichloridi, which was discontinued as soon as the real condition was apparent. I then adopted the treatment indicated for the skin diseases heretofore mentioned, such as alkaline baths, sedative applications, and tonics; but

local means failed, as I supposed. Phosphate of iron and nux vomica appeared to benefit. My best efforts to prove he was deceived, a victim of his own imagination and fancy, were never relaxed, and he certainly improved at last; he grew more cheerful, and he did not consider his evil of much magnitude. He proposed to get married without further delay. He was contented to let the matter alone hereafter. This disorder may be called pediculi *sui generis*, or pediculophobia.

AN INSTANCE OF REMARKABLE ABSTINENCE.

BY J. N. NORRIS, M. D.,
Of Birmingham, Iowa.

An instance of total abstinence from food, almost unparalleled for the length of time during which life was sustained with *absolutely* nothing but water, came under my observation about the middle of December, 1874, in the person of Eliza Ebert, aged 11 years, who was the subject of diabetes mellitus, and who was having at the time all the usual symptoms belonging to this malady—erratic neuralgic pains, headache, weakness and pain in the loins, voracious appetite, excessive thirst; would consume from two to three gallons of water in the twenty-four hours, and would void, by actual measurement, from sixteen to twenty-four pints of a light-straw or amber-colored saccharine urine in the same length of time.

All the usual remedies for this intractable disease were vigorously employed, with little or no benefit, and, about the middle of February following, chorea, in an aggravated form, was superadded, gravely complicating the original malady.

During the following two months she had a medley of symptoms, composed of those of diabetes, chorea and hysteria. Appetite at times voracious, at times capricious, and at other times two or three days would elapse in which not a particle of food or medicine, was swallowed. Things remained in this condition till the 10th day of May, when she utterly refused all nourishment and medicine, and not a grain of either was taken throughout the long period of *fifty-nine days and nights*, and for days together no water was taken; and what is most remarkable, this long fast supervened on an already debilitated and anæmic condition of a system reduced by protracted and wasting disease. That there was no collusion between her and her mother (who was her constant attendant by day and by night), nor between her and any other person, I am abundantly satisfied. Many a time, when food had been prepared for her at my instance, have I seen her mother, with tears, implore her child to "just taste it." But all entreaties seemed rather to excite in her the emotion of anger. On such occasions the blood would mount to her temples, and with a wave of her thin, bony hand she would angrily motion her mother out of her presence. I myself tried on several occasions, as did her mother, to deceive her with water to which a little milk had been added, but her taste was so acute that she at once detected it, and always indignantly spit it out, after which days would elapse before she would consent to drink even water. During all this time nothing that could be called delirium was at any time present. Down to within three days of her death she seemed to scrutinize closely all our movements, actions and conversation, especially when the latter had any reference to her condition. For days together, during the last two months of her sickness, she would persistently refuse to answer when spoken to, or to ask for anything she desired, but communicated her wishes by signs and motions, though I am convinced that she could at any time have conversed intelligently had she so willed. The diabetic symptoms gradually disappeared after the fast commenced, so that three weeks before she died the urine was reduced to much less than the normal quantity. The bowels were relieved about once a week by the use of enemata, the appearance of the dejections being quite normal. It may be said by some that this patient should have been fed per rectum; but in contemplating the utter hopelessness of the disease, and the patient's great repugnance to anything and everything of the kind, the idea was abandoned. I see, under the article "Abstinence," in the *American Cyclopedia*, that two cases are cited where life was prolonged to sixty days; but in one of these the subject took a little orgeat occasionally (it don't say how much or how often), and the other subject used water, with the addition of orange juice; but my patient took absolutely nothing but water, and for three weeks very little of that. Taking everything connected with this case into consideration, I doubt if it has a parallel on record.

CANCER OF THE RIGHT SUPRA-RENAL CAPSULE, WHICH HAD BEEN DIAGNOSED AS ECHINOCOCCUS OF THE LIVER.

TRANSLATED BY JOHN B. ROBERTS, M. D.

From *Vierteljahrschrift für die Prakt. Heilkunde*, xxxiii, 1876.

M. Heitler (*Wiener Med. Presse*) reports the case of a woman, aged 51, who had had for several years a tumor in the right side, that was attributed to a fall, but which gave her very little trouble. The right side, from the fifth rib down to the level of the umbilicus, was very prominent, as was also the epigastric region, especially just below the arch of the ribs between the linea alba and the line of the nipple. The ribs were pushed outward, but the intercostal spaces were not obliterated.

Percussion showed nothing abnormal as regards the lungs, but there was dulness extending from the fourth rib downward to the line of the umbilicus, and as far across, to the left, as the mammary line. By palpation the sharp edge of the liver was plainly felt, corresponding with the transverse umbilical line, and continuing as far as the line of the nipple (right), where it disappeared, and led into a globular mass projecting downward and backward. The lower border of this mass could not be determined; but the liver itself was felt to be smooth. The urine was examined and found to be normal. The case was considered to be an instance of echinococcus of the liver. A puncture was made with a trocar, by which was obtained a yellowish-brown alkaline fluid containing albumen and red blood-corpuscles, but no hooklets. The wound healed in two days, without the patient having much pain, but five days later the patient died.

At the autopsy there was found in the abdominal cavity, on the right side, near the spinal column and firmly attached to it, an oval tumor about one and a half times the size of a man's head, and extending downward to the crest of the ileum. The kidney was pushed outward and downward, and its upper portion was compressed until it was tongue-shaped. The tumor extended to the diaphragm, which was forced up to the level of the third rib. The liver, pushed forward and to the left, was partially atrophied, and the outer portion of the right lobe was adherent to the tumor. The growth proved to be a sac, with brownish sanguinolent contents, to the posterior wall of which was attached a medullary mass. The right supra-renal capsule could not be found, but the tumor occupied its place, and apparently proceeded from it. The kidneys were large and of a light brown color; the pelvis and calices of the right were enlarged, and the mucous membrane of the same in both kidneys injected, and showing hemorrhagic spots. The ascending vena cava was flattened until it was as wide as two fingers, but, notwithstanding the pressure, there was no œdema of the lower extremities.

Hospital Reports.

UNIVERSITY HOSPITAL.

ABSTRACT OF A CLINICAL LECTURE BY PROF. LOUIS A. DUHRING.

Reported by Arthur Van Harlingen, M. D.

Eczema Palmarum et Plantarum.

The patient is a woman some sixty years of age, quite stout, a housekeeper by occupation, and apparently enjoying good health. The disease, she states, is confined to the palms of the hands and soles of the feet; in the latter it has existed for about two years, while on the palms it has only been present a few months. The affected skin is seen to be uniformly reddish in color; it is not a bright red, but a dull, pale carmine tint. The surface is covered everywhere with scales of varying thickness and size. They are of a dirty, yellowish-white color. They are quite adherent to the skin beneath, but here and there seem to become loose, especially at their edges, which present a ragged appearance; at many points they are indeed scanty, and cover the skin as a thin film. The tissues are everywhere thickened and infiltrated with inflammatory material.

Fissures of various size are observed over the surface; they have their seat in the natural lines of the part. They are a conspicuous feature of the disease. Some are very extensive, appearing as bright-reddish, raw-looking cuts, going deeply into the tissues and running across the palms in various directions. Others are smaller, and seem to give the part a chapped look.

The skin is harsh, rough, and dry to the feel, and shows no evidence of moisture. The fingers are extended and stiff, the patient being unable to close them on account of the pain experienced about the fissures when moved.

The affection is strictly confined to the hands and feet; it exists upon no other portion of the body. The nails of the fingers are not involved. Upon the palms the disease is sharply defined against the sound skin in the neighborhood of the wrists; a well-marked line of demarcation extends from the little finger, around the fleshy part of the palm, to the ball of the thumb.

The patient states that she does not have her hands much in water and soap-suds, nor does she pursue any occupation that tends to aggravate the condition of either palms or soles.

Violent itching and pain, upon motion, are the two most distressing symptoms of which she complains. The itching comes on at irregular intervals in the course of the twenty-four hours, and varies in regard to intensity. At times it is very severe, and causes her to rub her hands severely upon all kinds of objects, in order to obtain relief. She notices that it is always worse after having had her hands in water; new points of disease and fissures are also often noticed on such occasions.

The fissures are often so extensive and deep as to render it almost impossible for her to move her hands. They make their appearance often suddenly, and remain a longer or a shorter period; they incline to come and go from time to time.

The soles, although they look worse than the palms, because of the greater thickness of the epidermis, are not so severely affected as the latter. This may be accounted for by the fact that, while they have been the subjects of the disease for a longer period, they have not been exposed as much to external influences. The disease has had no treatment recently, and therefore presents a typical aspect.

But few diseases resemble the present one as it shows itself on the palms and soles. The three diseases which, occurring in these localities, may present appearances resembling those seen here, are eczema, psoriasis and syphilis. These affections may occur alone upon the palms and soles; they may, at the same time, occur upon other parts of the body.

From the history of the symptom of severe itching alone, we are inclined to believe that we have eczema before us.

We have enough in the palms to study from. We see that the skin is dry, and has a constant tendency to fissure, the patient assuring us that they have been, at times, much deeper than they are at present. So soon as they break open they bleed. The skin is, as you observe, everywhere thickened, and covered with yellowish scales; there is no moisture, no oozing or weeping. That which exudes from the fissures is bloody serum. As a rule, this form of disease is dry, and the patient tells us that it has always been so. It is squamous. It does not change its appearance from week to week, or from month to month; it is always the same; there is never any sign of ulceration, nor is there ever any deposit, such as occurs in syphilis.

Dr. Duhring here remarked that the study of diseases of the palm and sole, as well as those of the tongue, present difficulties, on account of the structure of those parts; they are difficult, also, to describe. We shall now proceed, briefly, to make a differential diagnosis between syphilis, psoriasis and eczema, as these diseases occur on the palms and soles; dwelling only on the more striking points. Were this syphilis, the disease would begin in the form of small, round patches; after a while these would grow and coalesce, but the disease would not be likely to spread over the whole palm. Here, as we see, it is generalized over the entire surface. In syphilitic disease the fissures are deeper than we observe them here, and are more permanent in character. In eczema the fissures open and close again within a short time. Itching is, usually, entirely absent, and is never severe in syphilis; it is always a very prominent symptom in eczema. Further, were this syphilis, it would tend to localize itself about the border of the palm; and on the outer edge of the diseased patch there would, in many cases, be observed a row of grouped papules, like small split peas, under the skin, showing the pathology of the disease.

The diagnosis from psoriasis palmaris is never difficult. Eczema and psoriasis often resemble each other closely, even when they occur upon the general surface, but still more so when upon the palms and soles. Psoriasis, however, when found upon the palm or sole, is rarely confined to this locality alone, but is commonly observed, also, in other parts of the body; nor is it usually diffused to the same degree; it is not apt to invade the fingers. The scales in psoriasis are more abundant than in eczema, and have a whitish aspect; they are cast off more freely, and are not, as a rule, so adherent. Fissures do not exist to the same extent in psoriasis; they may be present, but are rarely so deep or so painful as in eczema. Itching is not a prominent symptom in psoriasis; when the affection is highly inflammatory, the sensation is rather that of burning than itching.

The cause, in a disease of so long standing, is difficult to ascertain. The patient believes herself to be in the enjoyment of perfect health; her appetite is good, her bowels are regular, and there is no tendency to any breaking out of the disease elsewhere. The course of the affection is manifestly chronic. Eczema of the palms and soles, Dr. Duhring said, very rarely occurs as an acute affection.

As the disease seems local, and no apparent reason for internal treatment exists, we shall employ local treatment alone. It is impossible always to say precisely what treatment will relieve. Tar, however, in some form or other, is usually found the best, especially when patients can give themselves up to the treatment. When a patient follows some handicraft, or is obliged to use his hands daily in some occupation or other, of course it is impossible to employ a remedy like tar, which imparts its odor and color to everything with which it comes in contact. In the present case, the patient will be able to follow out this treatment, and we shall, consequently, order her the following ointment:—

℞. Picis liq., ℥j
Adipis, ℥j. M.

Sig.—To be rubbed well into the hands, for ten or fifteen minutes at a time, morning and evening.

Our patient tells us she has already used tar without effect, but that shall not deter us from ordering what we think right; for what may have been of no benefit a month or two ago may prove very serviceable now.

The prognosis is serious, as eczema palmaris is one of the most obstinate local varieties of the disease.

LONG ISLAND COLLEGE HOSPITAL.

Case of Fracture of the Scapula,

Presented at the Surgical Clinic, March 11th, 1876,

BY PROF. JARVIS S. WIGHT.

Reported for the MEDICAL AND SURGICAL REPORTER by Benjamin F. Westbrook, M. D.

GENTLEMEN:—Here is a case of a very rare injury, a fracture of the body of the scapula. It is the result of direct violence. This man was injured by a bank of earth falling upon him. His foot was twisted, and there was an obscure injury about the left shoulder.

The diagnosis was made by grasping the upper portion of the bone with the right hand, while the left held it below; then, by making a slight movement, it was discovered that there was a solution of continuity in the bone. Crepitus was also distinctly felt.

The fracture begins at the posterior border, between the insertions of the rhomboid muscles, but where it ends I do not know; it does not, however, extend clear across the bone. As you see, there is no deformity. The points I desire you to note are these: first, the rarity of the fracture; second, its being incomplete; third, that it is the result of direct violence; fourth, the certainty of the diagnosis and the ease with which it is made in this case.

EDITORIAL DEPARTMENT.

PERISCOPE.

Change of Climate in Consumption.

In the *British Medical Journal*, Dr. C. Theodore Williams puts and answers these questions:—

1. What cases are most benefited by sea voyages?
2. What ones by dry climates?
3. Are moist climates beneficial?

1. The cases which I have seen do best are, first, cases of hemorrhagic phthisis; second, cases of limited consolidation with no pyrexia, occurring in young men overworked at in-door occupations, and who have suffered from the septic influences of life in great cities, such as clerks, shopmen, secretaries, and the like. This form of treatment is far better suited for men than for women.

2. As to the second query, as to what class of patients profit most by dry climates, it has been shown that, taking collectively all forms and degrees of phthisis, the dry climates are the most likely to arrest the disease; and also that a dry and moderately warm climate, like that of Southern Europe, is most successful in the treatment of consumption of inflammatory origin. The question whether a cold dry or a warm dry atmosphere is the best for ordinary chronic phthisis, depends, to a great extent, on the individual's power of maintaining circulation and temperature. When these suffice, the cold climates are preferable; but in the majority, and especially for women, whose circulation is weaker, the warm and dry are the best, for they are thus enabled to live more in the open air. Elevation is of some importance; and I should always choose a mild climate with elevation than one without it. Mountain air is not beneficial solely on account of its purity, for on this point sea and desert air may vie with it; there is another factor in the low barometric pressure and atmospheric rarefaction, and the expansion of the lungs thereby caused may be of great value in chronic first-stage cases. At present, the trial of mountain climates must depend on the supply of suitable accomdation and food for invalids. If in the Andes sanitaria these articles were of a nature fit to offer to our comfort-loving British consumptives, I would not hesitate, after the evidence of Archibald Smith, Walshe, and others, to recommend them, as some can also boast of a warm winter temperature; but, alas! those who repair thither at present must be content with Spanish habits, Spanish food, and an unsettled government. The Alpine elevated sanitaria do not, according to my experience, supply in winter sufficiently good food for British consumptives; and, although they attract crowds of German and Swiss, they must not expect our countrymen in equal numbers until they feed them properly.

3. As to the desirability of moist climates for consumptive patients, the evidence is decidedly against their use in the treatment of ordinary chronic phthisis. The addition of warmth only makes the damp tell more unfavorably, though a strong saline element and invigorating breezes do something to counteract the humid influence; still, even these do not place a moist climate on the same level as a dry one. There is one exception, however. Phthisis, of catarrhal origin, has been shown to profit most by a warm and equable climate, even

though accompanied by a certain amount of moisture, as the evidence of Madeira witnesses.

Finally, in all climate questions, full note must be taken of the patient's inclinations, means, and, above all, of his disposition and temperament; and exile must not be decreed to those who are incapable of making themselves happy under the changed conditions of life, or all our scientific grounds for a climate decision may collapse like a house of cards.

Pathology of Heat-Stroke.

Prof. R. Arndt, of Greifswald, says, in *Virchow's Archiv*, that, in the summer of 1870, a number of soldiers died from the effects of heat-stroke. At the *post-mortem* examinations, nearly all the viscera, as well as the skin and muscles, appeared pale, but the large vessels in them contained much dark liquid blood. This state of anæmia Dr. Arndt regards as contradictory to a large number of authors who found in sunstroke, especially, hyperæmia of the brain. The explanation of this contradiction he believes to be that they were deceived by the overcharged larger vessels, which overflow when cut. In all Dr. Arndt's cases, the brain was swollen, on account of which the convolutions were flattened and had no space between. The ventricles of the brain contained much serum. The œdema caused compression of the smallest vessels in the brain, in consequence of which the blood was driven to the veins. The liver and kidneys are in a similar state, and the author thinks that probably nearly all the organs were œdematous. But he considers the granular swelling of their parenchyma as a still more important change, nay, as the nearer occasion of the heat-stroke; though he did not prove by microscopical examination that this condition existed, as the necropsies were made under peculiar circumstances. Among the symptoms of heat-stroke, there is first noticed increased temperature, especially if the individual have enjoyed neither rest nor refrigerants. The pulse is increased to 120, while the number of respirations is 30. Perspiration is freer than usual. Frequently the vision becomes impaired, ringing in the ears is noticed, and dizziness comes on. Sometimes there is bleeding from the nose and mouth. If persons attacked in this matter be put to rest for a few days, the symptoms pass off. In more severe cases, the skin becomes dry, on account of the extraordinary temperature, which may rise to 111 deg. Fahr., with difficult respiration, palpitation, impaired vision, and precordial anguish. Suddenly, the person breaks down and remains senseless, the respiration becomes superficial, the pulse is weak, uncountable, the blood is dark; occasionally vomiting is noticed. Death occurs seldom, but takes place sometimes after a partial recovery. Some persons never recover entirely, but suffer always under physical irritation and weakness, the more so when the brain was the principal organ attacked. In cases which terminated fatally, there was found an acid reaction of the blood. The blood was also loaded with excretory matter. The state of the blood in cases of heat-stroke is considered by the author of less importance than the high temperature of the body. In septic diseases, where a similar condition of blood prevails for a longer period, there is also a high temperature. Very often the diseases are followed, like heat-stroke, by alterations of the nervous system, and inclination to diseases of the mind. Dr. Arndt asks if these phenomena are called forth, as in heat-stroke, by granular swelling, or parenchymatous inflammation of the brain-substance, followed by disturbances in the nutrition of the brain.

On Ergotinine.

According to the *Chemist and Druggist*, Wenzell obtained two alkaloids from ergot of rye, ergotine and ecboline. Not having been separated in a state of purity, their properties have been little studied; but Wenzell considered ecboline to be the active principle. M. Tauret, who employs a method quite different from that of Wenzell, has succeeded in obtaining a small quantity of an alkaloid, which he terms ergotinine, to distinguish it from the indefinite mixtures known as ergotine. Ergotinine is separated as follows: Coarsely-powdered ergot of rye is exhausted by twice treating with boiling alcohol of 86 degrees, in such a way as to get two pounds of filtrate from one of ergot. The alcohol is recovered over the water-bath, and the residue allowed to cool, when it is found to consist of three distinct portions: a stratum of oil on the surface, some liquid extractive, and a deposit of resin. The oil is removed to a flask and corked up, the liquid is rapidly filtered, and the resinous deposit washed with ether. The fat and the liquid extractive, treated separately, yield the alkaloid. The first is dissolved in ether, which has already been used for washing the resin, and the alkaloid withdrawn from the filtered solution by agitating with successive portions of diluted sulphuric acid. The aqueous solution of the sulphate of the alkaloid, filtered and washed with ether, to remove the last traces of fat, is then treated with excess of potash, and agitated with chloroform. The chloroform solution of ergotinine yields that body on evaporation *in vacuo*. The liquid extract is distilled over an oil-bath in a current of hydrogen, till every trace of alcohol is judged to have passed over. The receiver is then changed, slight excess of carbonate of potassium is added, and the distillation is continued. The water which passes over holds in solution methylamine and another very odorous body. When concentration has proceeded so far that bumping is imminent, hot water is added, and the operation continued. The syrupy residue is acidulated, washed with ether, slight excess of potash added, and, finally, agitated with chloroform, which dissolves the alkaloid, and furnishes it on evaporation, as before. Ergotinine has a strong alkaline reaction, and satu-

rates acids. It precipitates with the usual alkaloidal reagents. It is soluble in alcohol, chloroform and ether, and rapidly alters on exposure to the air. The most striking reaction of ergotinine is the color it assumes with moderately-concentrated sulphuric acid. This is first reddish-yellow, and then an intense violet-blue. The power of producing this reaction is lost after a few minutes' exposure to the air. Solutions of the salts of ergotinine become rapidly rose-color, then red, under the influence of the air. If the liquid extractive be distilled with strong potash or soda, no alkaloid is obtained, but only methylamine, doubtless produced by decomposition of the former. The want of stability of ergotinine may explain the rapid deterioration of powdered ergot.

Limits of Microscopical Observation.

It is stated in the *Scientific American* that the annual address, delivered February 2d, to the Royal Microscopical Society, by the President, H. C. Sorby, Esq., F. R. S., was upon the probable limit of microscopical observation, considered in reference to the physical constitution of matter. The author omitted, for the purpose of this inquiry, the limitation imposed by the residual imperfections of the instruments after the best corrections have been made. Supposing the instruments perfect, light itself was, when compared with the utmost molecules of matter, too coarse a mean to enable us to see them. Referring to the researches of Helmholtz and other physicists, and comparing them with the practical results of microscopists, it appeared that the microscope enables us to obtain distinct vision of objects, such as lines 1-80,000″ apart, and that with photography and blue light such objects could be depicted when 1-112,000″ apart. Comparing these quantities with the millions of millions of molecules of albumen and other substances probably existing in a cubic 1-1000″, it shows how far microscopical investigation would be from revealing molecular structure; and as a rough illustration, the highest powers were as much behind the mark as the human eye if it attempts to read a newspaper a quarter of a mile distant. After a variety of illustrations, Mr. Sorby took up the question of Darwin's pangenesis from a microscopical point of view, and showed that, notwithstanding the minuteness of spermatozoa and the essential germinating parts of ova, there was room in them for millions upon millions of the complex molecules the theory required. A sphere of albumen 1-1000″ in diameter probably contained 530 millions of millions of such molecules.

Prizes in the University of Pennsylvania.

In the list of names of those to whom prizes were awarded at the late Commencement of the University of Pennsylvania we unintentionally omitted the following names:—Gold Medal, Anatomical Prize, to Charles B. Goldsborough, of Maryland. Thirty Dollar Prize, for Anatomical Anomalies, to Joseph J. Bisbé, of Cuba.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Second Annual Report of Rhode Island State Prison Committee, 1876. An estimate of the expenses in repairing the prison.

——Second Annual Report of City Physician of Knoxville, East Tennessee, for 1875. The statistics are attractively arranged, and flattering inference in the way of sanitary government allowed.

——Report of the Board of Health of the City of Reading, Pa., 1876. The sanitary abuses recited in this communication ought at once to be corrected, if Reading's mortuary list is not to foot high. A police of health in such a city is a necessary luxury.

——Annual Report of Medical Board of St. Michael's Hospital, Newark, New Jersey, January 1, 1876. Judging from this statement, Newark has been singularly befriended during the past year. No eruptions of diseased nature. No epidemics are recorded, and the isolated cases of contagion have not troubled the wards at all. Quite a varied list of eye and ear affections in the dispensary is printed.

——"Mania-a-potu." By L. A. Dugas, of Augusta, Georgia. Cold-water douches to the head constitute the remedy. The doctor argues the success of the treatment, but we think every case does not call for such a baptism. Chloral and digitalis fulfill the indications in a much more agreeable manner.

——"Massage in Amenorrhœa and Dysmenorrhœa." By Douglass Graham, M. D., Boston. The results of the movement-cure have been studied by Dr. Graham, and here reported, in connection with the notes of Dr. Stoddard, of Northampton, bearing on two trials at his hands of massage. This kind of treatment does not strike us as empirical, as it once did. Every physician is often baffled in prescribing for indefinite morbid sensations; no medicine seems to hit the trouble. A rousing kneading or vigorous manipulation of the muscles is a happy expedient in such cases, and seems to infuse a new life and energy into the sleepy members. The cure in these subjects of amenorrhœa and dysmenorrhœa was evidently because the system was stirred up, and its tone restored

by exercise. We concede some virtue to this "rubbing" practice.

——"Mammitis Treated by Bandaging." By L. A. D. This is the third article on our table by Dr. Dugas, and gives his preference for the roller in cases of inflamed breasts, as a compressing and supporting agent. This method consults the comfort of the patient and the convenience of the doctor more than the "strapping" plan, and is in this article elevated into the importance of a special treatment.

——"Remarks on Intra-uterine Polypi." By A. R. Jackson, M. D. Chicago, 1876. This is a report of the Section on Gynecology read before the C. Society of P. S. The author is content to select from the fertile field a single product, and in an unpretentious way calls up a brief history of polypi, with hints or data for their diagnosis. The views given are substantiated by several cases reported, which bear well as samples. No new development in his study of the growths startles our curiosity. The methods of treatment are all orthodox, and now popular.

——"Contribution to the Study of Syphilis of the Nervous System." By R. W. Taylor, M. D., New York. This paper is based on the clinical evidences of three cases of cerebral disorder, that are explained as expressions of the syphilitic habit. Just at this time, when the damages of this poison to the nerve-cells are being earnestly recited, an essay like this is quite an accession to the works on mental diseases. The author reasons by exclusion, and fortifies his convictions by the most careful bedside notes. Two hundred and forty grains of iodide potash daily (p. 5) ought to control a *few* of the manifestations of syphilis.

BOOK NOTICES.

The Cause of the Commencement of Parturition. By Charles M. Crombie, M. B., M. C., etc. London, J. & A. Churchill, New Burlington street, 1875. pp. 38. From John Penington, Philadelphia.

This subject was made a matter of discussion recently at the Aberdeen Medico-Chirurgical Society, and proves to be one of very great interest. The author gives, at some length, the views at present generally held upon this subject. As an apology for his thesis, if any could possibly be necessary, he quotes Naegele: "To a knowledge of the mechanism of labor alone is owing the existence of a helping hand in difficult labors, and precisely in consequence of the lack of it is to be found the chief reason why every branch of obstetrics has remained so remarkably long in the rear of the other departments of the healing art, and why our art, in spite of the efforts and enthusiasm of the most talented men during the second half of the last century, made none of the advances which we might have reasonably expected."

This observation has still too much truth. Many of our so-called obstetricians are easily satisfied at having a safe delivery from a vexatious case, and do not care to know how or why the delivery was accomplished.

Dr. Crombie attempts to establish the fact "that there is a process going on during the whole period of gestation that has hitherto been altogether overlooked, or very imperfectly attended to." He has come to the conclusion that active uterine contractions take place during the whole period of gestation.

By analogy, he reasons away the belief that nine calendar months, forty weeks, or 280 days, is the appointed time of gestation, and that parturition must commence at its close. "Looking to the duration of pregnancy, therefore, there is discoverable no precise date when it shall terminate in labor; an event which clearly depends, like every other physiological result, on the state of activity in its relation to time."

The author believes labor is no new function, but that the uterus has been constantly endeavoring to expel the ovum, "and this becomes manifest in the gradual access and advance of the process which culminates in delivery." This view is similar to that of the late Prof. Charles D. Meigs, who used so graphically to describe the fundus as striving to evict the ovum, while the os and cervix were as earnestly holding it in, until, finally, the latter, tired out, let go, and the delivery was accomplished.

The author's "signs" of activity of the uterus during pregnancy are:—

I. Its great development. Analogy shows that no growth of muscle occurs in a state of absolute torpor, hence it is inferred that active contractions produce this enormous growth.

II. Abortion in premature labor. This may occur at any time, hence the inference that the action of the uterus is constant, and ever ready to drive out its contents.

III. Quickening. This occurs at an indefinite point of time, varying from the second to the eighth month. When so very early, it is not possible to be caused by the child's motions, as it then has neither bones nor muscles. "As it is a sensation of movement, of which the woman becomes conscious, that, itself, may be taken as proof that it cannot, at this period, be the movements of the fœtus which she feels; for the power of appreciating the movements of bodies is a capacity with which the viscera of the human body are not endowed." Lastly, when the fœtus has strength to kick, perception may be conveyed to the mind of the patient through the muscles of the abdomen and the skin. Again, the sudden application of cold to the abdomen, it is well known, will induce uterine contractions; yet, when we apply a cold hand to the abdomen prior to delivery, we attribute the peculiar feeling induced, not to the contraction of the uterus, which it really is, but to a movement of the fœtus, caused by the cold hand. How can so slight a cause produce perception of cold in the fœtus through the liquor in which it floats? This would require a change of temperature either in the whole of that fluid or an impression to be conveyed across to the child, either of which is ridiculous.

IV. The so-called "false pains" equally prove the truth of the proposition. These commence days before parturition.

The consequences of labor show that the womb never rests while anything remains within it. The child expelled, it closes on the placenta; that away, it closes on any clots that may be there; it only rests when completely emptied. Menstruation equally proves the uterus an expelling organ. This is a miniature labor.

Next, how is the ovum retained during pregnancy? There is no antagonism between the fundus and cervix. What is the action of the cervix during labor? Actual observation shows that, while the fundus is forcing the child down, the cervix is pulling upon the vagina, so as to slip it over the presenting part and the body of the child. "The one directs the fœtus outward, the other directs the maternal passages inward." Like drawing on the finger of a glove.

The real protection of the ovum is in itself. The membranes which connect it with the womb retain it *in situ*. To cast out the ovum, the entire decidua must be detached. "The disintegrating process, which ultimately separates the placenta from the uterus, is what terminates the connection, and leaves the fœtus to be expelled."

The presence of the liquor amnii prevents the effect of the expelling force; its withdrawal ushers in parturition. "This fluid being contained in a perfectly-closed cavity, it is manifest that, according to hydrostatic principles, any pressure brought to bear on one part will be met by pressure equal and opposite in direction." But, as pregnancy goes on, this fluid diminishes, relatively to the size of the fœtus, and no longer entirely surrounds its body. When the fluid escapes, the whole body is exposed to the expulsive power of the womb. These facts are constantly observed.

Again, ergot is powerless to bring on labor; but, once begun, ergot expedites it.

The absence of acute pain is due to the presence of the liquor amnii. Only where the walls of the uterus come in contact with a solid substance, as the head or body, does acute pain follow the contractions.

He sums up:—"It is manifest that the great muscular development of the uterus; the occurrence of abortion at every stage of pregnancy, or what is called premature labor; the irregularity in point of time when the fully-formed fœtus is delivered; the possibility of inducing labor at any time; the movements of the uterus felt during gestation; and, lastly, the gradual approach of natural labor, are all facts from which it may justly be inferred that the uterus is active during the whole period of the pregnant state.

"On the other hand, it is equally evident that the manner of attachment of the ovum to the uterus, the condition of the cervix, and the relation of the liquor amnii to the body of the fœtus, are circumstances opposing the casting out of the fœtus, and that it is the change in the disposition of these circumstances that gives opportunity for the play of the expulsive power of the uterus, and the occurrence of parturition. The existence, therefore, of the fœtus *in utero* is a struggle maintained by the antagonism of opposite forces."

The value and importance of this little brochure must be our excuse for this lengthy notice. We trust it may lead others to an examination of these points, in order that the inferences may be verified or disproved.

THE

Medical & Surgical Reporter,

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M. D., EDITOR.

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D. G. BRINTON, M. D.,
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A UNIVERSAL LANGUAGE FOR SCIENCE.

When, after the migration of nations which took place at the dissolution of the Roman Empire, the races of Europe and Eastern Asia slowly grew once more toward civilization, they established closer commercial relations to supply each other's wants. This intercourse led to the adoption, in the processes of commercial arithmetic, of signs easily intelligible to all nations, in place of the complex and local systems of numbering known to the Latins, Greeks, and Hebrews. These signs were the so-called Arabic numerals, which, however, not the Arabs, but the Chinese, first devised. The immense development the practical science of arithmetic owes to them is well known.

Some centuries later the eccentric genius of Jerome Cardan discovered the use of symbols in computation, in place of quantities, and thus originated the science of Algebra, by which the intellect is taught the abstract relations of number. Through its application to geometry, Leibnitz and Newton reached the invention of the calculus, the aid of which is now indispensable in all the higher branches of physics.

The effort of all science is to look through phenomena into the law or system by operation of which they come to pass; and the law or system, when reached, is always capable of expression under a mathematical formula, which is intelligible by every reader possessed of mathematical training, no matter where he is, what language he speaks, or under what circumstances he learns it. Hence, we have, by the labors of such men as we have mentioned, a universal language, in which all scientific truth is capable of expression.

While this is true of the abstract results of investigation, it is not true of the immediate study of phenomena; and it is thus untrue simply because men are pleased to have it so. For instance, the measurements of temperature are made in different countries by four varieties of thermometers; the estimation of distance by three or four discrepant standards; of weights by as many more; in quantity, in light, etc., the same absence of any uniformity prevails, and this between the distinctively scientific nations. The consequence is, that enormous toil is thrown away in converting one standard into values of another; and very often, on account of the labor this would involve, numerous and careful observations are neglected by those engaged in generalizing from comparison.

In medicine, the apothecaries' weights and measures, the methods of writing prescriptions, the grading of clinical thermometers, etc., differ as much as do the qualifications for a diploma in different countries. Many an article, many a series of observations, forfeits, for this reason, half its value, for most readers are not able readily to translate the one standard into the other, and will not take the trouble to work the problem out.

In these days of International Congresses,

and World Conventions of Scientists, it seems high time that these needless and absurd obstacles to study be done away with the very first thing. What stands in the way of an immediate and sweeping reform in this direction? Some say the inertia of conservatism; but probably national pride has as much to do with it. We don't want to be beholden to another people for information how to measure and weigh. This is a petty and a foolish pride, which should be dismissed without parley.

If it was a Frenchman who first hit the happy idea of a decimal measurement of quantity and heat, and if this idea is the best one, let us be as honest as he was clever, and adopt it forthwith.

In the approaching International Medical Congress in Philadelphia this subject is, we understand, going to be prominently put forward by the eminent writer, Dr. EDWARD SEGUIN, of New York. At intervals in the last three years he has brought it before the American Medical Association, the British Medical Association, the French Association for the Advancement of Science, and the International Medical Association at Brussels.

In a communication we have seen from him he states that, in furtherance of these antecedents, it is now proposed to submit the same question to the next International Medical Congress; to ask the Congress to constitute National Commissions similar to the French one, which has volunteered its service in Paris; to appoint the next meeting of the International Medical Association as the place where these Commissions will present a joint report on the most practical means of *uniformizing* the methods, instruments, and records of observation; to consider the feasibility of this plan in connection to—but not by confounding it with—the adoption of the French Metric System; to entrust all the executive measures demanded for the realization of this plan to Dr. W. B. ATKINSON, the General Secretary of both the American and the International Associations.

Dr. SEGUIN has our warmest sympathies in his effort, and we feel confident that in the near future it will meet with the success it merits.

NOTES AND COMMENTS.

The Plethysmograph.

This is the name of an instrument invented by Dr. Mosso, of Turin, to measure the action of the blood-vessels in the human body. The apparatus is described as a sort of muff, made of vulcanized india-rubber, somewhat similar to the apparatus employed by Junod for dry-cupping. This is filled with water, at the temperature of the body, and so arranged as completely to envelop the member to be experimented on. The water in the muff is made to communicate with a cupel, by means of two glass tubes, which are equally filled with water, suspended over another liquid of less density. As soon as the slightest motion occurs in the muscles or blood-vessels of the limb (the forearm, for instance), the water rises or falls according to the degree of motion imparted to it. In other words, if the blood-vessels of the forearm be dilated, the water in the tube rises; if contracted, the water falls. A needle fixed to one of the tubes traces an interrupted line, which faithfully represents the succession of movements imparted to it through the liquid. M. Claude Bernard observed that the use of the apparatus may be of a more extended application than would appear at first sight. "It may serve to study and demonstrate some of the most important phenomena of the blood-vessels of the body; and it affords the means of solving questions of a more general character, appertaining to the physiology of the mind, of the action of the brain, and of the conscience."

The Parasitic Theory of Disease.

The editor of the *Medical Press and Circular* says, on this much debated subject:—The idea that minute atmospheric germs were the cause of diseases, as well as putrefactive changes, is no new theory; it originated with Kircher and the pathologists of the seventeenth century. Since their time it has been frequently revived, and hundreds of more carefully conducted experiments than those made in their days have certainly done very little toward confirming it

in the minds of the profession. The late Professor Hughes Bennett and his able assistants conclusively proved the fallacy of the theory; in fact, their numerous experiments indicate that the production of infusorial life depends, for the most part, upon temperature, chemical constitution, density, and other equally important physical properties of the air, rather than on living floating organisms.

Milk as a Vehicle of Contagion.

In a recent pamphlet by Mr. A. H. Smee, an English sanitarian, the author reaches the conclusion that there is undoubted evidence to show that milk can be the vehicle of contagion:

By direct communication of the contagion, either by the water used for the purposes of adulteration, or by the vessels in which it is stored being cleansed with impure water.

By the absorption of the contagion by the exposure of milk to deleterious gases.

That in extreme instances power to communicate disease is produced in the milk itself, probably from an altered secretion of diseased animals.

Correspondence.

Position in Shoulder Presentation.

Ed. Med. and Surg. Reporter:—

Your notice in the Periscope of February 12, of this year, of an article published in the *Medical Record*, by Dr. E. R. Maxson, of Syracuse, N. Y., on "Position in Shoulder Presentation during Parturition," interested me very much. I fully agree with him in regard to the importance of this position (viz., the chest and knees) in the management of such cases, and will state, as further endorsement, that I have successfully employed the method for nearly ten years. The first case in which I resorted to it I was called to June 7, 1866, the details of which were published July 15, 1866.

At this time I was not aware that any one had ever employed the method before, and my learned professional friends were equally ignorant. The discovery that it could be done occurred to me under similar circumstances as are related by Dr. Maxson, on its discovery by him, and as the report of my case, to which I have alluded, will clearly set forth. It will be seen, in the same report, that I suggest an additional importance for this position in the practice of midwifery. I propose to utilize it further, and perform pelvic or podalic version. In a subsequent brief article, the following year, I published the report of several cases of pelvic version by the above-proposed method, and announced the important advantages found, which were as follows:—1. Relief of impaction by the gravitation of the uterus and its contents. 2. The retention of the uterine fluids during the operation. 3. The relaxation of the vaginal walls. 4. The hand and arm may be pressed within the uterine cavity more nearly in a line of the axis of the superior strait than by any of the former methods.

Since 1866 I have invariably adopted this method, when called upon to perform pelvic version, and with such success and satisfaction that I no longer consider this most dreaded of operations by accoucheurs one of the difficult operations in obstetrics. Often I do it without putting the patient under the influence of an anæsthetic. I am not only convinced that great mechanical advantages are gained by the position, but that the patient suffers much less pain while the operation is being performed. The facility with which all forms of preternatural presentations in utero can be corrected by this method is so great, and without additional risk to either mother or child, that I am led to make the following changes almost invariably, viz.: the face presentation to a vertex, and the different forms of transverse to a vertex, and even a breech, when desirable, which does not often occur.

I do not wish to claim the entire honor of this important discovery in obstetric practice, but only a share, notwithstanding I was the first in print, and am not disposed to discredit Dr. M.'s statement that he had practiced it several years before he published his paper; nor would I be disposed to discredit the statement of any other reputable physician that he had employed the method before either of us, for it seems such a simple deduction, from common, reasonable principles, that such would be presumption. My chief desire in the matter is to join with him and other physicians who know of the value of the method, in extolling its merits and permanently placing it among the life-saving means of managing preternatural presentations.

Dr. M. wonders why this mode of managing shoulder presentation is not more generally practiced by physicians than it is, since the knowledge of human sacrifice, doubtless from not resorting to this method, reaches him by published reports, frequently. But he will cease to wonder when he reflects for a moment how slowly, now, such simple, practical hints are taken in by the pulsating centres of medical education. Nearly ten years have passed since the report of my case became the property of the profession, and nearly nine since his paper went forth for public instruction, and yet it has not been taught as even a mode of treatment by the teachers of obstetrics in the schools of this city, or in those of any other, so far as I have been able to ascertain.

This may be a compliment to the teachers of our profession; but I am inclined to the opinion that hints of less practical importance, which have come from the crucible through the microscope, and are the results of some con-

ningly-devised surgical instrument, have taken deeper hold upon the minds of our learned professors.

ALEXANDER HADDEN, M. D.

New York City, March 13th, 1876.

NEWS AND MISCELLANY.

The International Medical Congress, 1876.

The programme for this important event was crowded out of our columns last week. We now give it in full, as far as issued:—

PRELIMINARY PROGRAMME.

The Congress will meet at noon, on Monday, September 4th, 1876, in the University of Pennsylvania. The following addresses will be delivered in general meeting:—On Medicine, by Professor Austin Flint, M. D., New York. On Hygiene and Preventive Medicine, by Henry I. Bowditch, M. D., of Massachusetts. On Surgery, by Professor Paul F. Eve, M. D., of Nashville. On Obstetrics, by Professor Theophilus Parvin, M. D., of Indiana. On Medical Chemistry and Toxicology, by Professor Theodore G. Wormley, M. D., of Columbus, Ohio. On Medical Biography, by J. M. Toner, M. D., of Washington, D. C. Address, by Professor Hermann Lebert, of the University of Breslau. On Medical Education and Medical Institutions, by Professor Nathan S. Davis, M. D., of Chicago. On Medical Literature, by Professor L. P. Yandell, M. D., of Louisville. On Mental Hygiene, by John P. Gray, M. D., of Utica, New York. On Medical Jurisprudence, by Professor S. E. Chaillé, M. D., New Orleans. Discussions on Scientific Subjects will be opened in the sections as follows:—

SECTION I. MEDICINE.—Typho-malarial Fever; is it a special Type of Fever? J. J. Woodward, M. D., Assistant-Surgeon U. S. A. Are Diphtheritic and Pseudo-membranous Croup Identical or Distinct Affections? J. Lewis Smith, M. D., of New York. Do the Conditions of Modern Life favor specially the Development of Nervous Diseases? Professor Roberts Bartholow, M. D., Medical College of Ohio. The Influence of High Altitudes on the Progress of Phthisis. Charles Denison, M. D., of Denver, Colorado.

SECTION II. BIOLOGY.—Microscopy of the Blood. Professor Christopher Johnston, M. D., of Baltimore. The Excretory Function of the Liver. Professor Austin Flint, Jr., M. D., of New York. Pathological Histology of Cancer. Professor J. W. S. Arnold, M. D., of New York. The Mechanism of Joints. Professor Harrison Allen, M. D., of Philadelphia.

SECTION III. SURGERY.—Antiseptic Surgery. Professor John T. Hodgen, M. D., of St. Louis. Medical and Surgical Treatment of Aneurism. Professor William H. Van Buren, M. D., of New York. Treatment of Coxalgia. Professor Lewis A. Sayre, M. D., of New York. The Causes and Geographical Distribution of Calculous Diseases. Claudius H. Mastin, M. D., of Mobile, Ala.

SECTION IV. DERMATOLOGY AND SYPHILOGY.—Variations in Type and in Prevalence of Diseases of the Skin in Different Countries of Equal Civilization. Prof. James C. White, M. D., of Boston. Are Eczema and Psoriasis Local Diseases, or are they Manifestations of Constitutional Disorders? Lucius Duncan Bulkley, M. D., of New York. The Virus of Venereal Sores; its Unity or Duality. Prof. Freeman J. Bumstead, M. D., of New York. The Treatment of Syphilis, with Special Reference to the Constitutional Remedies appropriate to its Various Stages; the Duration of their Use, and the Question of their Continuous or Intermittent Employment. Prof. E. L. Keyes, M. D., of New York.

SECTION V. OBSTETRICS.—The Causes and the Treatment of Non-puerperal Hemorrhages of the Womb. Prof. Wm. H. Byford, M. D., of Chicago. The Mechanism of Natural and of Artificial Labor in Narrow Pelves. Prof. Wm. Goodell, M. D., of Philadelphia. The Treatment of Fibroid Tumors of the Uterus. Washington L. Atlee, M. D., of Philadelphia. The Nature, Causes, and Prevention of Puerperal Fever. Prof. William T. Lusk, M. D., of New York.

SECTION VI. OPHTHALMOLOGY.—The Comparative Value of Caustics and Astringents in the Treatment of Diseases of the Conjunctiva, and the Best Mode of Applying them. Prof. Henry W. Williams, M. D., of Boston. Tumors of the Optic Nerve. Hermann Knapp, M. D., of New York. Orbital Aneurismal Disease and Pulsating Exophthalmia; their Diagnosis and Treatment. Prof. E. Williams, M. D., of Cincinnati. Are Progressive Myopia and Posterior Staphyloma due to Hereditary Predisposition, or can they be induced by Defects of Refraction, acting through the Influence of the Ciliary Muscle? E. G. Loring, M. D., of New York.

SECTION VII. OTOLOGY.—Importance of Treatment of Aural Diseases in their Early Stages, Especially when Arising from the Exanthemata. Albert H. Buck. M. D., of New York. What is the Best Mode of Uniform Measurement of Hearing? Clarence J. Blake, M. D., of Boston. In What Percentage of Cases do Artificial Drum-membranes Prove of Practical Advantage? H. N. Spencer, M. D., of St. Louis.

SECTION VIII. SANITARY SCIENCE.—Disposal and Utilization of Sewage and Refuse. John H. Rauch, M. D., of Chicago. Hospital Construction and Ventilation. Professor Stephen Smith, M. D., of New York. The General Subject of Quarantine, with Particular Reference to Cholera and Yellow Fever. J. M. Woodworth, M. D., Supervising Surgeon-General U. S. Marine Hospital Service. The Present Condition of the Evidence Concerning "Disease-germs." Thomas E. Satterthwaite, M. D., of New York.

SECTION IX. MENTAL DISEASES.—The Microscopical Study of the Brain. Walter H. Kempster, M. D., of Oshkosh, Wisconsin.

Responsibility of the Insane for Criminal Acts. Isaac Ray, M. D., of Philadelphia. Simulation of Insanity by the Insane. C. H. Hughes, M. D., of St. Louis. The Best Provision for the Chronic Insane. C. H. Nichols, M. D., of Washington, D. C.

Gentlemen intending to make communications upon scientific subjects, or to participate in any of the debates, will please notify the Commission before the first of August, in order that places may be assigned them on the programme.

In order to facilitate debate, there will be published, on or about June 1st, the outlines of the opening remarks by the several reporters. Copies may be obtained on application to the Corresponding Secretaries.

The volume of Transactions will be published as soon as practicable after the adjournment of the Congress.

The public dinner of the Congress will be given on Thursday, September 7th, at 6.30 P. M.

The registration-book will be open daily from Thursday, Aug. 31, *from* 12 *to* 3 *P. M., in the Hall of the College of Physicians, N. E. corner Thirteenth and Locust Streets. Credentials must in every case be presented.*

The registration fee (which will not be required from foreign members) has been fixed at Ten Dollars, and will entitle the member to a copy of the Transactions of the Congress.

Gentlemen attending the Congress can have their correspondence directed to the care of the College of Physicians of Philadelphia, N. E. corner of Locust and Thirteenth streets, Philadelphia, Pennsylvania.

There is every reason to believe that there will be ample hotel accomodations, at reasonable rates, for all strangers visiting Philadelphia in 1876. Further information may be obtained by addressing Corresponding Secretaries.

All communications must be addressed to the appropriate Secretaries at Philadelphia.

S. D. Gross, M. D.,
President.

William B. Atkinson, M. D., 1400 Pine street, *Recording Secretary.* Daniel G. Brinton, M. D., 115 South Seventh street, William Goodell, M. D., Twentieth and Hamilton streets, *American Corresponding Secretaries.* Richard J. Dunglison, M. D. 814 North 16th street, R. M. Bertolet, M. D., 113 South Broad street, *Foreign Corresponding Secretaries.*

Philadelphia, March, 1876.

Personal.

—Professor John Morgan, F. R. C. S. I., Professor of Anatomy in the Royal College of Surgeons, Ireland, died suddenly, of enteric fever, March 4th. He was born in 1829.

—Dr. James Warburton Begbie, of Edinburgh, died of cardiac disease, February 25th, aged 50 years. He was a frequent contributor to the Edinburgh *Medical Journal*, and was an able writer.

QUERIES AND REPLIES.

Sigmund's Gland.

Dr. S. K. and others.—The gland which is called "Sigmund's gland," and spoken of as being considered a pathognomonic evidence of syphilis (constitutional), is the epitrochlear gland, first pointed out by Sigmund as being sometimes enlarged in this affection, and not known to be so from any other constitutional disease. It is found just above and internal to the internal condyle of the humerus, and cannot be felt when not enlarged. It hugs closely the ulnar nerve, See Founier, *American Journal of Syphilography* for 1878, pp. 149-156.

OBITUARY.

DR. WILSON C. SWANN

Died in this city, March 14th, seventy years of age. He was born in Alexandria, Virginia. At an early age he entered the University of Virginia, and after leaving that institution pursued the study of medicine at the University of Pennsylvania. After graduating, he returned to Virginia, and settled on an island in the Potomac river, whence he subsequently removed to a farm, near his father's estate, on the mainland.

In 1847 he visited Philadelphia, and married Miss Maria Bell. They resided for some time in Virginia, but subsequently returned to Philadelphia, where Dr. Swann connected himself with a number of benevolent associations. He was the first President of the Society for the Prevention of Cruelty to Animals; originated, and from its organization has been President of the Philadelphia Fountain Society; was a member of the Board of Managers of the Episcopal Hospital, of the Society for the Advancement of Christianity, and other kindred associations. He was also a member of St. Stephen's Protestant Episcopal Church.

DR. JOHN S. PARRY.

At a meeting of the Medical Board of the Philadelphia Hospital, held March 16th, 1876, the following resolutions were unanimously adopted:—

Resolved, That we, the Medical Board of the Philadelphia Hospital, have received the news of the death of our late colleague, Dr. John S. Parry, with profound sorrow. We desire to express our sense of his abilities as a physician, and his integrity as a man. We have found him faithful in the performance of duty, both in the wards of the hospital and as Secretary of our Board. As fellow-workers, more especially, have we noted his directness of purpose, his thirst for knowledge, his indomitable industry. The professional life of Dr. Parry has been so closely identified with the Philadelphia Hospital, that we feel that his triumphs have been, in one sense, our own; we have a just pride in the wide-spread reputation he enjoyed, based, as it was, upon researches conducted in that institution. These labors will be his enduring epitaph. Although cut off in the flower of manhood, his name will remain to us an incentive to keep the high trust placed in our hands inviolate, and to use it to noble ends.

Resolved, That a copy of this resolution be sent to the family of Dr. Parry, and that it be printed in the medical journals of the city.

MARRIAGES.

Edwards—McCoy.—March 16th, 1876, at the residence of the bride's father, in Wheeling, W. Va., by Rev. Jas. Armstrong, Miss Hortense, only daughter of Dr. Halley McCoy, and Dr. Tom. O. Edwards, late of Cincinnati, but now a resident of this city.